CCIM — Community Care Information Management

Community Mental Health Common Assessment Project

Ontario Common Assessment Of Need (OCAN)Quality Toolkit

July 2020

Version 3]

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Introduction

How this toolkit came about

The Community Mental Health Common Assessment Project (CMH CAP) has received a number of requests from health service providers (HSPs) for strategies and procedures around ensuring the quality and utility of their Ontario Common Assessment of Need (OCAN) information.

Having confidence in the quality of OCAN information is key to sustaining the use of OCAN. Using OCAN information regularly for service planning and decision-making builds incentive to complete OCANs of high quality. Clearly, it is important to have strategies around monitoring OCAN quality and using the information on a day-to-day basis to support consumers in their recovery

The OCAN quality toolkit has been developed with input from the sector representing a range of sizes, services and geographical locations. Many of the HSPs involved identified that using this toolkit can be leveraged to help organizations meet the standards set out in the *Excellent Care for All Act* (2010) [1] The goal of the legislation is to ensure that Ontarians receive health care of the highest possible quality and value. Some examples of the legislation are as follows:

- Decisions about patient care are based on the best evidence and standards.
- Establish quality committees that report on quality-related issues
- Put annual quality improvement plans in place

Purpose and how to use this OCAN quality toolkit

This toolkit is intended to support your HSP to further incorporate OCAN information quality practices into your business processes. It shares ideas that have worked for others and suggests a practical approach to reviewing your formal or informal quality assurance strategies and making improvements.

The OCAN quality toolkit lays out a basic quality framework to help you think about what your HSP is currently doing with regards to OCAN quality processes and what you may want to add. Using this framework, the toolkit provides examples from HSPs on strategies they use to ensure that the information going into OCAN is of good quality. It also provides examples of how HSPs are using OCAN to inform their service activities and demonstrate the quality of their services.

Bear in mind that this toolkit can be used whatever way makes the most sense for your HSP. It guides you in reviewing your HSP's current quality assurance strategies and highlights additional approaches. It is up to your HSP to determine whether there are any gaps in your current strategies and what, if any, changes you would consider and how you would proceed.

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1 http://health.gov.on.ca/en/pro/programs/ecfa/legislation/act.aspx

You might also consider combining efforts with other HSPs with whom you have a close relationship through informal or formal partnerships or networks.

Acknowledgement goes out to those in the Community Mental Health Sector who provided the advice and input that was essential in the development of this quality toolkit, including representatives from the following health service providers:

- People for Equal Partnership (PEP)
- Canadian Mental Health Association (CMHA) - Champlain East
- Frontenac Community Mental Health and Addiction Services
- Oak Centre Clubhouse
- Supportive Housing in Peel
- Canadian Mental Health Association (CMHA) – Toronto Branch
- Enaahtig Healing Lodge & Learning Centre
- Trillium Health Centre

Section 1. Quality Background and Introduction to Framework

1.1 Quality and OCAN Information

Quality is a concept that can be interpreted differently depending on the perspective and focus of those defining it.

With sector input, the following quality principles were developed for CCIM Common Assessment Projects:

To provide high-quality clinical data to inform the health system:

- The data must be delivered as a bi-product of normal business
- It needs to be standardized and automated
- It needs to be used regularly for decision making
- There must be a value to the collectors and providers of the information
- Assessments must improve quality of care or service to the client

The discussion paper *Every Door is the Right Door,* The Provincial 10-year Mental Health Strategy (2009), makes the link between quality information and quality services in the following way: "**Common standards for service design, information management and clinical care can help improve the quality and consistency of services across the province."[2]** The paper also points out the desired movement from using data and measurement for reporting purposes to using data and measurement to improve services.[3]

The generally agreed goal of an outcome measurement tool is usually high-quality data to inform planning and a desire to track consumer progress. Yet, the expectation of consistent high-quality data is rarely met.

The community mental health sector experience of poor data quality appeared to have several underlying causes. Previous performance measurement efforts had been viewed by the sector as time-consuming administrative exercises with little benefit to consumers or direct service staff. There had been considerable resistance to these efforts at the staff level.

Interestingly though, the other consistent message from stakeholders was that they felt there was clearly a need for measuring outcomes and conducting assessments. Planners felt they needed better information to allocate resources more effectively. Managers, who were leading services, felt they needed more information to make arguments for the usefulness of their services and to identify areas for improvement. Direct service and clinical staff indicated they wanted more feedback on how well their service was doing and to help quantify the 'gaps' in services. They also talked about needing consistent approaches across organizations and the

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2 www.ofcmhap.on.ca/content/every-door-right-door-10-year-mental-health-and-addictions-strategy, Page 48
3 Ibid; page 10

sector. Consumers wanted some consistency to the information gathered so that they could expect the same level of service wherever they accessed the system. They also wanted to reduce the repetitive telling of their story to each new service provider.

For that reason, the Community Mental Health Common Assessment Project focused instead on the clinical outcomes and care planning needs valued by clinicians and consumers. If the tool was valuable at the clinical and care planning level, it would be used, and the data quality and reliability would be high. Giving people the tools and support to have the competence to consistently deliver high quality assessments will in turn, yield useful information which perpetuates the high-quality input.

So, for the purposes of this toolkit, "quality "is looked at in two ways:

    a)   The information recorded in OCAN is of good quality

    b)   OCAN is used to inform HSP quality goals to improve service delivery

a)The information recorded in OCAN is of good quality

Some dimensions of data quality are as follows and may be considered when thinking about your HSP's strategies to monitor and improve on the information documented in OCAN:

- **Accuracy:** How well information in or derived from the data holding reflects the reality it was designed to measure
- **Consistency:** Extent to which data is always presented in the same format and compatible with previous data
- **Completeness:** Extent to which data is of sufficient breadth, depth, and scope for the task at hand
- **Usability:** Ease with which a data holding's data may be understood and accessed
- **Timeliness:** How current or up-to-date the data is at the time of release
- **Reliability:** Extent to which a data can be expected to perform its intended function with required/defined accuracy

As Joel E Ross wrote in his book *Total Quality Management*, "In order to achieve good quality information, it's important to have procedures to validate the quality and processes for identifying and providing guidance in eliminating the source of errors**." [4]**

For example, a health service provider (HSP) of supportive housing sees OCAN as naturally fitting into their quality assurance activities. They have processes in place to audit information, including OCANs, to evaluate the following elements: validity, accuracy, consistency, integrity, timeliness and completeness. The HSP has put in place follow-up mechanisms to improve practice and information collection.

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4 Total Quality Management, Joel E. Ross, Taylor & Francis Ltd., 1999

From website - http://mkp.com/wp-content/uploads/2010/10/Practitioners-Guide-to-Data-Quality.pdf

b) OCAN is used to inform HSP quality goals to improve service delivery

This aspect of quality is about making use of the OCAN information on a regular basis to understand consumer's needs, track progress and inform service planning at various levels. The clinical usefulness of OCAN is the focus. This toolkit will provide examples of how some HSPs have developed standard processes to use OCAN information in their daily practices and for systems planning. This also includes using OCAN information in evaluation to help demonstrate the quality of your services and identify areas to improve on.

Accreditation Canada[5] defines quality as *"the degree of excellence; the extent to which an organization meets clients needs".* OCAN information can be one source of information to help an organization evaluate service quality as it identifies consumers' needs and what happens to those needs over time.

Some HSPs are using OCAN information in their accreditation process. They developed scorecards and used some information from OCAN to answer the question 'how well are we doing as a health service provider?" OCAN information helps them demonstrate their service effectiveness and identifies areas for improvement. Some of their HSP quality goals include *client centered care, client safety and standardization.*

Whether or not your HSP goes through a formal accreditation process, growing emphasis is being placed on demonstrating the quality of health services and taking steps to enhance quality. There is also more emphasis placed on using standardized evidenced based information in service delivery. This toolkit shares ways that the use of OCAN information can contribute to moving HSPs in this direction.

When deciding on ways to enhance your quality practices, it is helpful to keep it manageable for all stakeholders involved.

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5 www.accreditation.ca

CCIM Community Care Information Management

1.2 OCAN Quality Improvement Framework

When looking at quality practices, it's helpful to have a framework to work from. The OCAN quality framework identifies the following three connecting factors that can lead to improved information quality:

INPUT – Building quality collection processes

This looks at the following question: How do you make sure the information going into OCAN is of good quality – consistent, correct, complete, etc.?

OUTPUT – Identifying *specific information to guide your service and quality goals*

This looks at the following question: What are the specific pieces of information or indicators in OCAN that link to your service and quality goals?

REVIEW – *Ensure outputs are reviewed to inform service delivery and planning*

This looks at the following question: What processes do you have in place to review the OCAN output information regularly to inform service delivery and decision-making at various levels?

As all three factors are integral to quality improvement, they are interconnected.
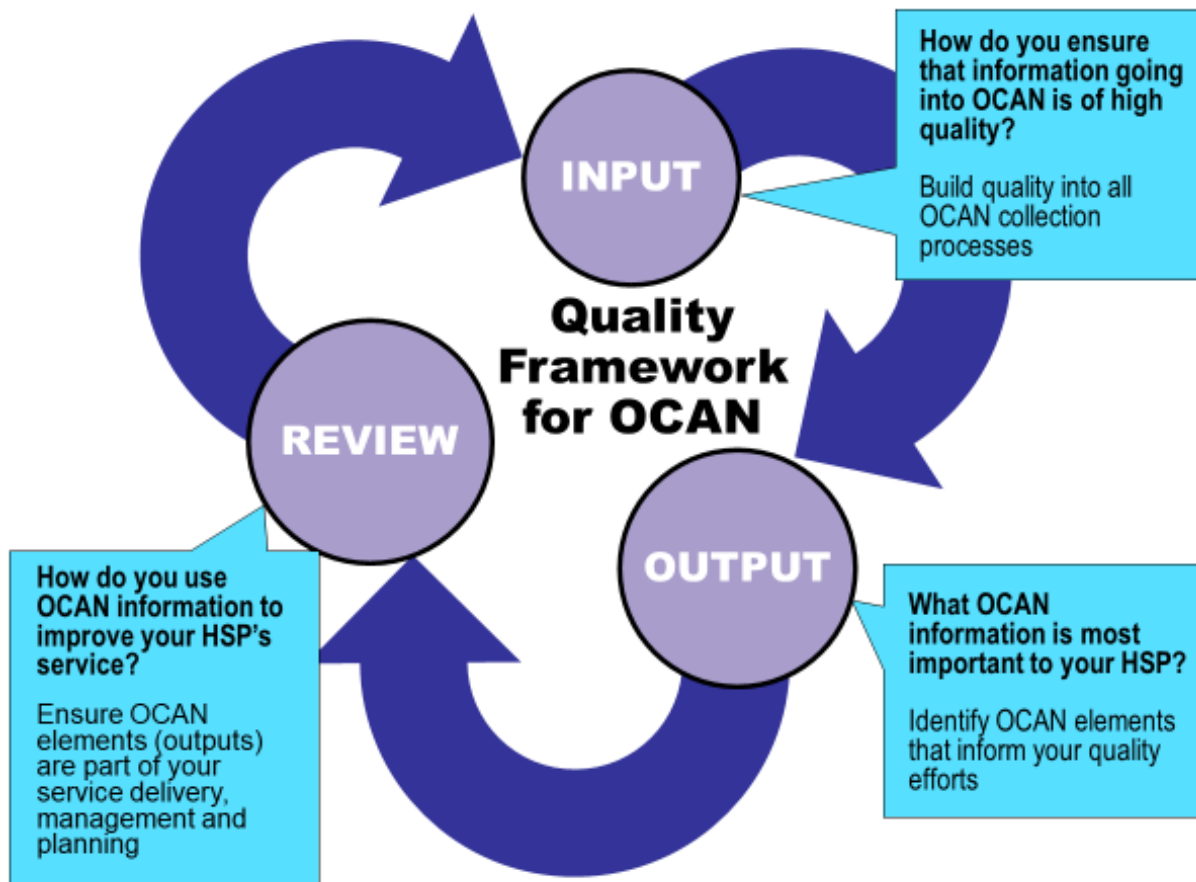
1.3   Applying the Framework to OCAN Quality Improvement

We have developed three worksheets to help your organization consider and implement quality improvements for OCAN information. They are organized along the same lines as this toolkit. You will find one at the end of each of the sections on *Input*, *Output* and *Review.*

How to use the OCAN Quality Toolkit Worksheets

Each worksheet contains instructions with a filled-in form to give you an idea of how you might use the blank one. Feel free to print and use as many of these as you need.

Here are some other suggestions for using the worksheets effectively:

1) Look them over first. If you have any questions about their content or use, don't hesitate to call the Support Centre.
2) Decide who best in your organization to involve in working on them. Make sure everyone involved has had a chance to read over this Toolkit.
3) Each worksheet asks two or three questions which can be brainstormed and quickly answered at a high level. You should not need more than 45 minutes to complete one worksheet. Don't feel you need to do all three worksheets at one go.
4) The worksheets are there to help you – not control you. Don't feel you need to do everything they suggest. If you feel like you've already achieved an acceptable level of quality in either OCAN Input or Output or Review at this time, don't feel you need to complete that respective worksheet this time around.
5) The worksheets may not be big enough to contain all of your good ideas and plans. Don't hesitate to use them as guides and to do the work in notebooks or in a group on flipcharts.
6) Improvement is often easiest if you make many simple changes over time. Consider OCAN quality as an ongoing project. Maybe come back to using the worksheets again at set times, (e.g., two or three times a year).

Once you've used the worksheets to come up with some ideas for OCAN quality improvements, look at the Planning Template in section 6 of this toolkit document. This form will help you identify clear tasks and next steps.

Section 2.   Input

Input is the information being entered into OCAN. Since this information will be used in service planning and delivery, it is crucial to ensure that it is accurate. This section presents several ways HSPs focus on implementing sustainability strategies that maintain and/or enhance the quality of OCAN information. You might find some of these approaches will work for your organization.

2.1   Intensive One-to-One Support for Staff

A number of HSPs have a process to provide one-to-one support for staff beginning to use OCAN as well as ongoing support. They find that taking this extra time up front to support new staff members pays off. This can be an effective sustainability strategy to ensure that staff members are well equipped to complete OCANs.

You might find this approach helpful if you have any of the following:

Challenges:

- Staff members are receiving OCAN training in a group and you are finding that a significant percentage are making errors
- New staff enters your HSP sporadically and need OCAN training and support right away.

HSP culture (your way of working):

- Consistency in training new staff
- Investment in individuals
- Risk management (reducing the likelihood of errors)

Examples from the Sector

The staff training at some HSPs includes one-on-one support by going through an OCAN assessment step by step with each individual staff member. A manager at one HSP also audits OCANs before they are completed and uploaded to the Integrated Assessment Record (IAR). As a result of OCAN audits, it was identified that some of the Core information was often missing.

Missing information was resolved when the OCAN coordinator met individually with staff to explain why the Core information is important and how to complete each element.

A CMH program in a hospital setting finds that reviewing the first two OCANs for each staff line by line is an effective strategy to produce good quality assessments. The HSP has several sites so this review is often done over the phone. The challenge with this process has been the time commitment and competing priorities for the coordinator. Therefore, for the sake of

sustainability, the HSP plans to assign "Champions" or "Super Users" for each team. This way, staff will be able to get support in a timely manner by a person whom they work with on a regular basis so the comfort level increases.

One HSP has a mentor group which is responsible for providing individual guidance to staff when they are first learning OCAN by doing a walk through review of their first completed OCAN. They also are the "go to" people for staff who have questions on an ongoing basis. The sharing of this responsibility amongst the mentor group members makes the time commitment manageable and builds capacity of OCAN expertise.

Initial confusion with scoring and inconsistent use of the comments sections was eliminated when support was provided to staff individually.

Another HSP reports that since OCAN became an integral part of their client documentation, the review of OCANs naturally fell under the processes they have in place for the review of any documentation. The HSP also asks managers to regularly review OCANs with staff during their supervision sessions, bearing in mind that since the information is being shared on the IAR, the quality of the assessments will reflect on the HSP's work.

An HSP that works specifically with Aboriginal communities considered it important for them to find a consistent way of capturing information in the OCAN that is common to many of the consumers they serve. This was achieved by training staff to capture the aboriginal experience in the OCAN section with open-ended questions about hopes, culture and spirituality

For one HSP, the section with open-ended questions was used as a good segue into conversations about cultural identity and traditions, as well as, trauma resulting from Residential School and welfare scoop experiences.

2.2   Using a Consistent Approach to Documenting Important Information in OCAN's Free Text Fields

Some HSPs have agreed on a common approach to include specific client information in the most relevant free text sections of OCAN. They have instructed staff to consistently document this information in that section while aligning with the intent of the question. This approach can enhance the quality and clinical usefulness of OCAN because the HSP has a standard approach to documenting issues and experiences commonly identified by the consumer population served. You might also want to instruct staff to apply your organization's or College's general guidelines on taking free-text notes

You might find this approach helpful if you have any of the following:

Challenges:

- Concerns that in some less common instances there is not a place in OCAN to capture information that is valuable at your local level

HSP culture (your way of working):

- HSP serving specific groups, e.g. cultural, gender, age etc…..
- HSP serving consumer group with specific experiences/issues – e.g. trauma

Examples from the Sector

An HSP that works specifically with Aboriginal communities considered it important for them to find a consistent way of capturing information in the OCAN that is common to many of the consumers they serve. This was achieved by training staff to capture the aboriginal experience in the OCAN section with open-ended questions about hopes, culture and spirituality.

> For one HSP, the section with open-ended questions was used as a good segue into conversations about cultural identity and traditions, as well as, trauma resulting from Residential School and welfare scoop experiences.

2.3 Doing Case Studies with Known Consumers

Several HSPs find that a staff team going through a process of completing or reviewing all or parts of an OCAN for a known consumer is an excellent way to enhance the quality of OCAN information. Implementing this standard "reflective practice" exercise is a practical process that promotes team work and the clinical usefulness of OCAN. This approach can be used flexibly in a way that is most effective and time efficient for the program team. For example, some HSPs periodically (e.g. quarterly) walk through a whole OCAN for a consumer. Other HSPs, review specific sections of OCANs at one given time (e.g. the Mental Health Functional Use Section, or domains 1-6).

You might find this approach helpful if you have any of the following:

Challenges:

- Staff are finding it difficult to be trained only using a "fictional" consumer story/script
- There are significant discrepancies in need and help ratings, as well as definitions of elements amongst staff members

HSP culture (your way of working):

- Regular team meetings for client reviews
- Multidisciplinary team approach

Examples from the Sector

Some HSPs incorporate this process into their existing monthly team meetings. They reviewed OCANs completed on clients to reinforce definitions and ensure consistency and accuracy.

> If an OCAN is done inaccurately, after discussing with the assessor first, the team will use it as a case study training tool.

Another HSP does refresher training using their own clients as case studies. Reviewing the intent of each domain and coming to agreement on need and help ratings is easier and more interesting for the team when they have a real interest in the consumer/client's welfare and they have more detailed client information

> This process works well because it's real. When staff know the client well there is a lot of rich discussion as the team walks through an OCAN.

2.4 Forming a Committee/Group to Support the Goal of High Quality OCAN Information

Some HSPs find value in establishing a specific group to monitor OCAN quality and support staff in producing good quality OCAN information. This approach is helpful in supporting the OCAN coordinator and direct service managers. It also encourages staff peers to work together to promote OCAN quality efforts. This ongoing group can be an effective sustainability strategy.

You might find this approach helpful if you have any of the following:

Challenges:

- The OCAN coordinator and back-up (if one exists) are too stretched to be able to monitor and support all staff on an ongoing basis.
- Direct Service managers are too busy to monitor and address all OCAN quality issues with staff.
- Some OCAN assessors have negative reactions to completing OCANs. These may include not seeing the clinical benefit of OCAN and feeling like the OCAN coordinator or their direct manager have taken on a "policing role" when auditing and addressing OCAN quality issues.

HSP culture (your way of working):

- A mentorship approaches
- A culture of close team/working relationships
- Use of groups/committees to work through or oversee various aspects of the organization (e.g. diversity, program planning etc….)

Examples from the Sector

One HSP formed a member group made up of their quality assurance manager and representatives from each program. This mentor group is responsible for auditing the quality of OCANs and for providing support to staff when they first learn OCAN as well as follow-up support. The group also does regular random audits and follows up with staff members as needed.

> The mentor group reviewed needs analysis reports and noted that the food domain was not rated as an unmet need as much as expected. The mentor group explored the intent of this domain with staff so that future OCANs would more accurately reflect this need for their client population.

Another HSP has established an IT Training Committee. The committee is made up of the OCAN coordinator and a group of direct service staff. They meet every eight weeks. They review OCANs and provide direct training, mentorship and support to staff.

IT committee members are positive and energetic. They reinforce messages about the clinical benefit of OCAN which helps motivate other staff to enter information correctly.

2.5   Having a Process to Ensure OCANs are Being Done on Time

Many organizations have implemented a standard process to monitor the timeliness of OCAN completions. Taking this approach helps to ensure that consumers have regular assessments and that reports are accurate. Specifically, completing OCANs at the appropriate time intervals is important for accurate "Change in need over time reports" which demonstrate the impact that services have had on converting unmet needs to met needs or no needs.

You may consider using this approach if you have any of the following:

Challenges:

- OCANs are not always being completed on time. I.e. following the six month reassessment time frame.
- You do not have a process to regularly monitor the timing of OCAN completion

HSP culture (your way of working):

- Best practice approach to assessments
- Use of reports/data to support quality processes

Examples from the Sector

One HSP's quality assurance manager is responsible for doing regular random audits of the reassessment cycle to ensure that the reassessment cycle timing is maintained. Another HSP gives their decision support staff the responsibility of providing managers with information including staff workload reports. If a staff member is not completing OCANs on time (every six months), their manager would address this directly with the staff.

Using the OCAN staff workload report or Excel spreadsheets are ways to keep track of the timing of the reassessment cycle.

Yet another HSP reports that their managers print off the staff workload report and follow-up with staff during individual supervision to problem solve any issue related to the timing of OCAN completions.

There are local areas that are implementing a 'shared-assessment' approach (i.e., a single OCAN completed for a client that is using the services of multiple providers). Those involved have a process for ensuring OCAN's six-month reassessment time-frame is followed consistently.

2.6   Using Standardized OCAN reports to Catch Errors

The OCAN assessment data your HSP uploads to the Integrated Assessment Record (IAR) will be used to generate aggregate level standardized reports.[6]

Although the primary use of the reports is to understand consumers using your services and focus services where they are needed most, a secondary use of the reports is to check on the quality of the data being submitted. If you notice information that is unreasonable for your organization, this can prompt you to explore the cause and address the issue. In some cases, errors may be caused by a software problem and in others, it may be an error in the way staff is entering the information.

Organizations have used different approaches to review these reports for potential errors. Some use committees responsible for quality audits (e.g. IT, mentor or quality committees). Others review reports in specific meetings (e.g. staff or management meetings). Others designate the monitoring of reports to a specific person such as, OCAN coordinator, technical lead or quality assurance manager.

You may consider using this approach if you have any of the following:

Challenges:

- You do not have a process to monitor the accuracy of the information
- Concerns have been voiced that some of the information does not seem to reflect the reality, but there has not been a process put in place to address it.

HSP culture (your way of working):

- Use of reports/data to support quality processes
- Risk management (reducing the likelihood of errors)

Examples from the Sector

One HSP had managers review the majority of the OCAN 2.0 Standardized Report #1 **Aggregated Assessment Response Summary Report** that gives an aggregate view of the majority of raw, unfiltered responses to each element. This HSP noted that responses to the "Where do you live?" (type of housing) element did not accurately reflect where the majority of consumers were living.

When explored with staff, it became clear that some staff were not selecting the correct housing type. This was addressed by reviewing the housing definitions with all staff.

The technical and executive leads of another HSP reviewed the OCAN 2.0 Standardized Report #3 **Need Agreement Report** and noted that the level of agreement between consumers and staff was low for the majority of the domains. This seemed unreasonable to
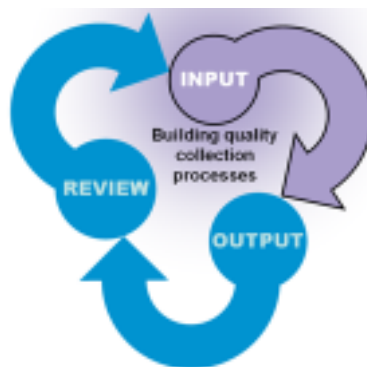
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[6] See Standardized Reports Manual OCAN 2.0

them. When explored further, the problem was identified as an error in the software; the need ratings were reversed. The issue was corrected and this was reflected in the report showing that the level of agreement is high for the majority of domains.

2.7   INPUT – Worksheet Example

In this Input section we've described some of the experiences and initiatives of HSPs working to improve the quality of their OCAN Input processes. On the following page, you will find a worksheet to help you build on and organize your own ideas in this area.

The worksheet instructions are provided on its left-hand side. This example is also presented as if it has already been filled in to give you a sense of how it might be used. A blank version of the same Input worksheet is attached in the Appendix.

INPUT – Building quality information collection processes: Making sure information going into OCAN is consistent, correct, and as complete as appropriate.

This worksheet will help you: Review how well your current processes support accurate collection of OCAN information & determine if there are any changes you want to make.

How to use this worksheet:
❶ Start by outlining what's working today.
❷ After that, note the areas of OCAN that are unnecessarily left blank or error-prone. Think about your HSP's barriers and challenges to better OCAN INPUT.
❸ Consider solutions and how these can be done in your HSP.

REMEMBER – If you feel you're currently managing OCAN INPUT quality well, don't feel you need to complete this worksheet. Move on to OUTPUT and REVIEW ☑

1 What are you doing today that enhances and maintains OCAN INPUT quality?

- All HSP front-line staff went through training to use OCAN when it was first implemented.

- When staff have questions or issues they often work with the OCAN Coordinator and together they work out a solution or sometimes they call CCIM.

2 Are there areas of the OCAN where you consistently find errors? Are there areas of OCAN that staff find difficult?

- We are finding the number of Consumers filling out the Self Assessment is less than expected.

What challenges does your HSP face when trying to improve OCAN INPUT? What are the barriers staff experience?

- Staff are inconsistent in how they introduce the Self Assessment to Consumers.
- Staff have limited time.
- Self Assessment is a challenge for those Consumers who have cognitive deficits

Get inspired – review some of the examples from Section 3 Input. See what other HSPs have done given similar challenges and values

3 What approach will you use to enhance OCAN INPUT quality and address the challenges/barriers you've identified?

- Work together on developing a straight-forward script – for introducing the Self Assessment.

- Recruit peer support workers to assist consumers with cognitive deficit to complete Self-Assessment

Changes that take into account the way your HSP gets things done will be more likely to succeed – consider ways you'll align your approach to your HSP's particular context.

Best if we do this as a team. We have a 'many small improvements' approach.

Make a plan! Compare what you're doing now (Col 1) to what you want to do (Col 3). Use the planning template in Section 6.

Section 3.   Output

Output is about the specific pieces of information or indicators in OCAN that link to your service and quality goals. More emphasis is being placed on using concrete information or data to better understand the consumer population you serve and to demonstrate your effectiveness in achieving service goals. This section presents several examples of outputs that HSPs are focusing on. You might find some of these examples relevant to your organization's service and quality goals.

3.1   Summary of Actions

Many organizations have identified the "Summary of Actions" as the most useful output for informing the service plan for each consumer. The Summary of Actions is an output of the Full OCAN. This section is found at the end of each Full OCAN and it gets pre-populated with all of the domains where actions have been documented. It then allows you to prioritize the actions.

Priority	Domain	Actions

Using the Summary of Actions can enhance quality because it focuses the work more quickly on the most significant unmet needs as identified by the consumers. It demonstrates a recovery based practice and consumer driven care.

> The Summary of Actions is used to help focus service on addressing people's self identified needs earlier than was done before.

The Summary of Actions is expected to replace the current recovery plan at one CMH hospital program.

3.2   Summary of Referrals

Some HSPs have focused on using the Summary of Referrals section of the OCAN also at the end of the Full OCAN. This summarizes the referrals that have been made and their status as well as identifying service gaps.

Optimal Refferal	Specify	Actual Referal	Specify	Reasons for Difference	Status of Referral

One HSP reports that this section helps to improve service coordination be keeping better track of what referrals have been made. They find that it helps staff and consumers follow-up on the status of referrals as needed.

> Doing the Summary of Referrals helps staff make referrals to meet the client's needs. It also helps identify gaps in resources.\

3.3 Consumer Self-Assessment Completion Rate

Some HSPs have identified the number of completed Consumer Self-assessments as an important output of the Core plus self and Full OCAN. As is emphasized in OCAN tool training, they make it clear to consumers that completing a self assessment is optional, but hope to see a significant percentage completed voluntarily.

Some HSPs use Consumer Self-assessment completion rate to help demonstrate their recovery approach to service deliver. They link this output to their goal of a consumer-centered approach to care because it demonstrates that service provision is guided by consumer expressed needs and goals.

> One HSP would like to run a report on the number of Self-assessments completed by program.

3.4 Key Demographics and Issues for your HSP's Consumer Population

The **Aggregated Assessment Response Report** (#1 in the OCAN 2.0 Standardized Report series) gives you an overall understanding of the demographics and needs of the consumers your organization serves. It is an output for all types of OCANs (Core, Core + Self and Full). The report gives you an aggregate view of the majority of the raw, unfiltered responses to each data element extracted from the OCAN. Knowing more about your organization's client population informs services delivery.

> The OCAN helped one HSP document that financial issues are a common presenting issue for its membership. This prompted the HSP to refer many members to a service that runs a matched savings project. Members get support to open a bank account, save and learn money management skills.

The report can also help you demonstrate how well your HSP is meeting your specific service objectives. For example, one of an HSP's service objectives is connecting clients to primary health care services. By looking at the data element Family Doctor information, they can evaluate whether the majority of the clients in their HSP have a family doctor.

3.5 Areas of Need

A number of organizations have identified the aggregate needs analysis reports within the OCAN 2.0 Standardized Reports series as useful outputs. These reports list the domains

where consumers have unmet needs, met needs and no needs in a variety of ways from the OCAN information you, or a partner organization who listed your functional centre, uploaded to the Integrated Assessment Record (IAR).
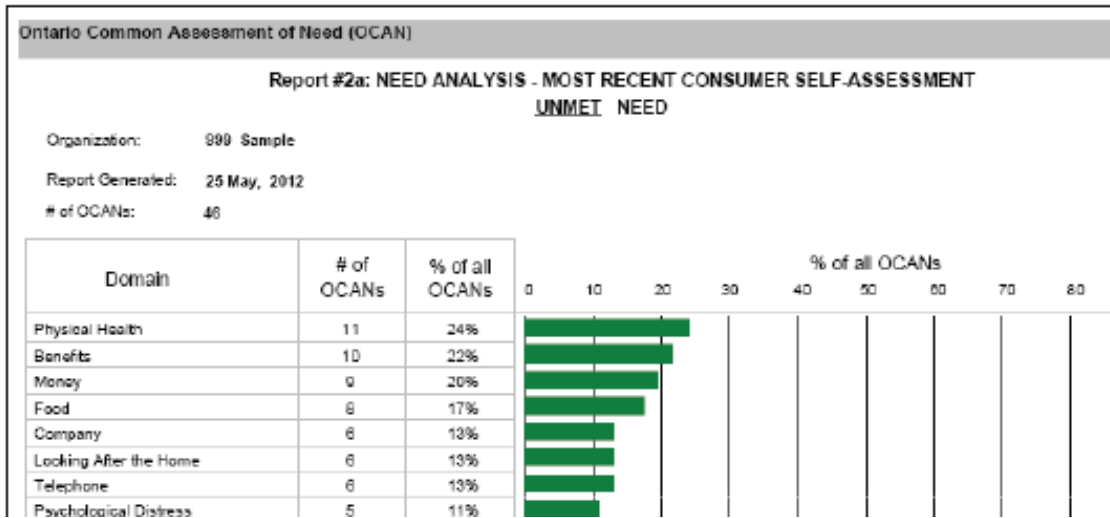
(See full size mock up in Appendix)

Some HSPs are using these reports to help them understand the needs and strengths of consumers they serve. They can also be used to demonstrate service effectiveness.

Some HSPs are interested in the report that identifies the most prevalent areas of unmet need in their client population because research has shown that focusing service activities on addressing those areas leads to better outcomes. The same report identifying the domains with the highest level of met need can be used to help demonstrate effectiveness. This means that consumers are receiving support in those areas and without support that area of a person's life can become a serious problem.

Reports that identify unmet needs as voiced by clients are important for service delivery. The information can lead to service changes or agency partnerships to better meet areas of high unmet need.

Many HSPs are very interested in the report that is broken down by functional centre where consumers have identified the most need (both unmet need and met need). This tells you which areas require the most support for the client population in a specific functional centre. This information can help demonstrate where they are meeting needs and identify where needs are unmet.

As the functional centre Support within Housing is about addressing people's needs in accommodation, the report will help demonstrate that the majority of people using this service are getting their needs met in this area.

3.6   Change in Needs over Time

Many HSPs plan to use trending reports in the series of OCAN 2.0 Standardized Reports that charts the changes in consumer-rated unmet need over time. These reports can help you track

the change in the level of need for the consumers you serve. It can help demonstrate your HSP's contribution to converting areas of unmet need to met need or no need, which research has shown leads to better outcomes.

(See full size mock up in Appendix)

As part of their program evaluation framework, one HSP has set specific service objectives and plan to use OCAN data as some of the indicators to measure how well they are meeting these objectives. For example, one of their objectives is *"To increase clients' ability to attain employment or other structured day time activities"* They can evaluate how well they are meeting this objective by looking at the percentage of clients who converted an unmet need in the Daytime Activities domain to met need or no need six months later.

The focus of services should be on meeting people's needs. Trending reports have the potential to be used as a program evaluation tool to help understand the areas where services may or may not be helping to meet needs of consumers.

3.7 Level of Agreement – Consumers and Staff

Some HSPs are interested in the Need Agreement Report, in the OCAN 2.0 Standardized Reports series, which measures how closely aligned the consumers' ratings of needs are to the ratings of your HSP's staff members. Research has shown that increasing agreement between consumers and staff on areas of need leads to significant improvement in the worker-consumer relationship. The goal is not to have perfect agreement. In general, the ideal agreement is in the moderate to high range. Very high agreement would usually indicate that only one voice is being heard.

Ontario Common Assessment of Need (OCAN)

Report #3: NEED AGREEMENT - MOST RECENT CONSUMER & STAFF MATCHED ASSESSMENTS

Organization: 999 Sample
Report Generated: 25 May, 2012
# of OCAN pairs: 46

Domain	Agreement Value	VERY LOW agreement (less than .20)	LOW agreement (.20 to .39)	MODERATE agreement (.40 to .59)	HIGH agreement (.60 to .79)	VERY HIGH agreement (.80 to 1.00)
Accommodation	0.80					
Other Dependants	0.78					
Drugs	0.74					
Psychological Distress	0.74					
Safety to Self	0.72					
Self-Care	0.72					

(See full size mock up in Appendix)

One HSP reports that they are starting to look at the level of agreement report to help guide direct practice approaches. They see areas where there is low level of agreement as opportunities to explore why this is the case and decide on strategies for opening productive dialogue between staff and clients on these issues.

3.8   Future Outputs

There is potential for many other outputs as OCAN is rich with information to help the sector increase its understanding of consumers needs and evaluate the impact of services and supports. Some organizations are generating their own internal reports from their software to answer questions that are important to their quality improvement strategies.

There may be other opportunities for future reporting. For example, the Report Sub-committee of the Phase III Steering Committee was formed in 2010 to identify areas of priority for OCAN provincial reports for LHINs and MOHLTC based on new opportunities with OCAN data. They identified areas of interest and priorities to determine what questions would be of value having the reports answer. The CMH CAP team developed a total of 11 mock reports in these areas that are available for future reporting development and could be used to answer these three questions:

- o   Client Experience/Focus -- how closely aligned staff and consumer are over time?
- o   System Integration – how many times did they visit hospital/emergency room in the last 6 months?
- o   Program Capacity and Access -- How long are people waiting for service?

3.9   OUTPUT – Worksheet Example

In this Output section we've described some of the experiences and initiatives of HSPs working to improve the quality of their OCAN Output processes. On the following page, you will find a worksheet to help you build on and organize your own ideas in this area.

The worksheet instructions are provided on its left-hand side. This example is also presented as if it has already been filled in to give you a sense of how it might be used.. A blank version of the same Output worksheet can be found in the Appendix.
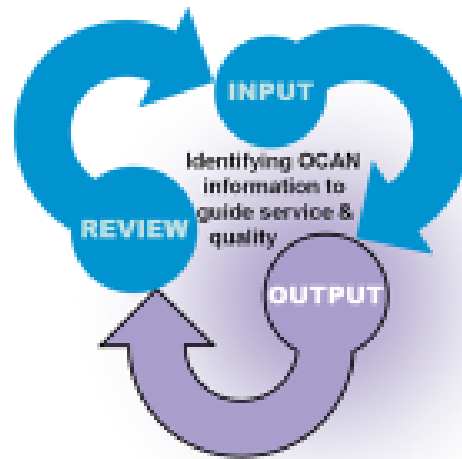
OUTPUT – Identifying OCAN information to guide your service and quality goals. What OCAN information is linked to service delivery and planning?

This worksheet will help you: Decide what OCAN OUTPUT matters to you and why. Your OUTPUT answers will feed into the REVIEW Worksheet.

How to use this worksheet:
❶ Start by identifying your organization's (or your Functional Centre's) service quality goals.
❷ Then look at the list of OCAN elements and reports. Decide which of these will guide your decision-making - in your day-to-day work and in your longer-term planning.

REMEMBER – if your organization is already using OCAN information as 'indicators' or guiding numbers, and you're satisfied move on to REVIEW. Consider re-evaluating periodically. ☑

1

What are your HSP's service and quality goals? What drives your organization or functional centre – what matters to your clients and/or to your stakeholders?

a) *Quality is about Consumer-directed care – getting consumers to fully engage in their own recovery. Maximize self assessments done by consumers that choose to do them.*

b)

c)

d)

e)

Get inspired – review some of the examples from Section 4 Output. See what OCAN information other HSPs are using to guide their work and why.

2

Review the list of OCAN data elements and reports on Page xx – which do you think will guide decisions related to your service goals?

Self assessment completion rates

Move on to the REVIEW worksheet to determine how your organization will make sure OCAN information is part of service delivery and planning

OUTPUT WORKSHEET EXAMPLE

Section 4.   Review

Once you decide on the most important OCAN outputs, review looks at the processes you have in place to review the OCAN output information regularly to inform service delivery and decision-making at various levels. This section presents several meetings or events that HSPs use to review key OCAN outputs to inform planning and service decisions. Reviewing outputs can help you determine a course of action to improve service. You might find some of these approaches will work for your organization as you use OCAN along with other sources of information.

4.1   Worker/Consumer Meetings

OCAN was selected by the sector primarily to standardize an assessment practice that is consumer directed and focuses on conversations about needs and goals. The six month reassessment is a provincial standard time frame by which to do an OCAN review and update with consumers. Some HSPs use a common approach to review the information from the OCAN more regularly in their day to day work with consumers. Research has shown that a process of regular review and feedback between consumers and staff leads to better outcomes.

You may consider using this approach if you have any of the following:

- Challenges:
  - Staff and /or consumers think OCAN is only a data/reporting tool and are not seeing the clinical usefulness of OCAN
  - The current way of working with consumers is not guided by evidenced based practice
- HSP culture (your way of working):
  - Consumer driven, recovery approach to care
  - Evidenced based practice

Examples from the Sector

Many HSPs have highlighted that the most important use of the OCAN information is in the direct work between staff and consumers. They emphasize that reviewing OCAN regularly can support a consumer directed, holistic approach to care.

> From a clinical perspective, using the information from OCAN has resulted in staff being more focused and action oriented in their work with clients.

The CORE OCAN is not just about filling out a form. One HSP sits with the member and reviews the information they provide in the Core OCAN. This helps to open up a dialogue about the kind of help a person may need. For example, if the member has no fixed address, staff can start to talk about their housing needs and how they can assist.

> The most important reason for completing OCANs is the utility of the information in relationship to direct work with consumers. First and foremost, it's a tool that is practical and useful in the work between consumers and staff.

Building on the open-ended questions in OCAN, staff can have regular conversations with members about their hopes and dreams…what they want out of life.

4.2 Supervision Meetings

Some organizations have found that reviewing OCANs during individual supervision is a good way to structure the meetings. It keeps the discussion focused and productive for supervisors to provide support to staff that is guided by key issues and actions identified through the OCAN.

You may consider using this approach if you have any of the following:

Challenges:

- Lack of structure and common format of information to guide supervision sessions
- Lack of concrete information for supervisors to evaluate performance

HSP culture (your way of working):

- Supporting staff through supervision/mentorship
- Creating opportunities to Build on clinical skills

Example from the Sector

One HSP finds that using OCAN in supervisions sessions can often build staff motivation. Sometimes staff are discouraged that they are "stuck" in their work with a particular client. Pulling out the OCAN during supervision can help to validate that there has been progress made in getting needs met and it can help them focus in on specific next steps.

4.3 Direct Service Team Meetings/Case Conferences

Many HSPs refer to OCANs in their clinical team meetings where they do client reviews and receive feedback and recommendations from their colleagues.

You may consider using this approach if you have any of the following

Challenge:

- Lack of structure to team meetings
- Lack of clear information to support team meetings

HSP culture (your way of working):

- Team approach
- Recovery approach

Examples from the Sector

Some HSPs present new intakes in their team meetings by reviewing the completed OCAN. Some HSPs regularly refer to the Summary of Actions in team meetings to help the team focus in on discussing actions to address priority needs.

> While the OCANs are in progress, they are presented to the team in the weekly meeting. The feedback from the team is then incorporated into the OCAN before it's completed.

At one HSP, a specific client is presented at these team meetings using their OCAN reassessment. This is an opportunity to discuss ratings, comments and actions to best inform the next steps to support clients in achieving their recovery goals.

> One HSP has replaced its Recovery Plans with the OCAN Summary of Actions in order to reduce duplication of similar information. These are then reviewed in teams.

4.4   Program Planning Meetings

Organizations are using information from OCAN at program planning meetings. Information from the individual OCANs, as well as aggregate standardized reports, can be used as part of the body of knowledge that informs program planning decisions.

You may consider using this approach if you have any of the following

Challenges:

- Program planning is based on narrative report only rather than facts/evidence
- There is the perception that OCAN is being used for "reporting requirements" more than for the clinical benefit

HSP culture (your way of working):

- Evidenced based service planning and delivery
- Quality improvement through program planning activities

Examples **from the Sector**

During weekly planning meetings, one HSP focuses in on the domains that have been rated the highest for unmet needs. These meetings include both staff and consumer representatives. The group then plans new service activities directed at better addressing those areas of unmet need. The highest domains of unmet needs were in Company and Intimate Relationships. When this issue was explored further, the HSP found that a number of members had lost connection to significant people in their lives.

> When OCAN information highlighted the critical issue of social isolation at one clubhouse HSP, members interested in setting up Facebook accounts were helped to do so. This successful strategy helped members reconnect with family and friends. One-man re-established relationships with his son and daughter after years of having no communication. He is now on the phone with them regularly and has visited them and his grandchildren. Other members now use Skype to reconnect with family members living in other countries.

A community agency and a hospital planning a new program in partnership have decided that the use of OCAN will be a critical part of the process. The new program will be made up of staff from both organizations and they will be the main planning body for each individual client leaving the hospital and moving to the community. OCAN will be completed on each client as part of the planning process for this transfer into the community. The information in OCAN will be very helpful in determining the needs of clients not only for the transfer but as the client moves throughout the recovery journey.

Some HSPs have reviewed OCAN information in program planning meetings to identify gaps and implement new programs to address them. Information found in the Core OCAN (e.g. age, gender, presenting issues …) and in the Full OCAN (areas of high unmet need) have informed these processes.

Based on OCAN data, one HSP introduced a youth program and a weekly recovery group to address alcohol and drug use.

One HSP did some work to improve discharge planning for clients. They now review OCAN information as part of a larger set of criteria to help determine if a client is getting ready to be discharged. OCAN is one of the sources of information that informs transition planning to help them prepare for a successful discharge.

Another HSP has a Common Assessment Advisory Group that uses the reports to assist them in making recommendations for overall service planning and program development, as well as identifying patterns of needs in current clients. Through the analysis of the information provided by the OCAN aggregate reports, they will be looking for empirical evidence to substantiate their decisions, which to date have been mostly subjective.

4.5   HSP Strategic Level Planning and Evaluation

HSPs are also using OCAN information in their high level strategic planning activities. This includes overall quality improvement initiatives, such as accreditation.

You may consider using this approach if you have any of the following

Challenges:

- Strategic decisions are being made without enough information/data
- HSP culture (your way of working):

Quality improvement focus

- Evidence based decision making

One HSP has "**quality** and safe services for clients" as one of their four pillars in their overall strategic plan. This relates to ensuring that their services meet the needs of clients using their services. OCAN fits nicely under this pillar. They have an agency scorecard which reports back on how successful they are in meeting their targets for the quarter and eventually for the year. The HSP's board of directors reviews this scorecard regularly. They report OCAN outputs, such as the total number of OCANs completed. They plan to use more OCAN information once they begin working with more in-depth reports.

4.6   REVIEW – Worksheet Example

In this Review section we've described some of the experiences and initiatives of HSPs working to improve the quality of their OCAN Review processes. On the following page, you will find a worksheet to help you build on and organize your own ideas in this area.

The worksheet instructions are provided on its left-hand side. This example is also presented as if it has already been filled in to give you a sense of how it might be used. A blank version of the same Review worksheet can be found in the Appendix.
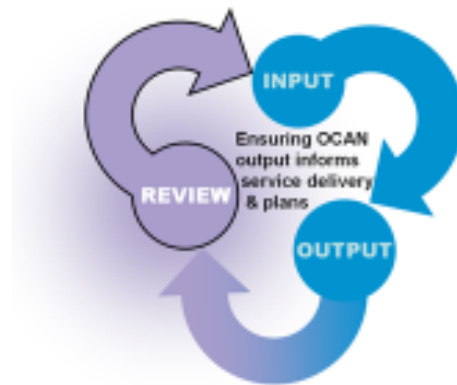
REVIEW: Ensure selected OCAN OUTPUTS are regularly reviewed to inform service delivery and planning.

This worksheet will help you: Determine how your HSP will use your selected OCAN OUTPUTs in existing review processes.

How to use this worksheet:
❶ Start by identifying the current review processes in your organization.
❷ Then determine how (and how often) the OCAN information identified in the OUTPUT worksheet will be used to guide conversations and service delivery decisions.

REMEMBER – if your organization already uses OCAN OUTPUT as a **guide to facilitate productive** conversations and evidence-guided decisions then you're done. Consider re-evaluating periodically.

1

List the regular meetings or events that focus your HSP's service-related conversations, its decision-making and planning. E.g., One-on-one client meetings, supervision meetings, strategy retreats, etc.

a) *One on one – with Client*

b) *Supervision meetings*

c) *Bi-Annual Strategic Planning Session*

d)

Get Inspired – see some of the REVIEW examples from Section 5 Review see what other HSPs have done given similar challenges and values

2

Think about the OCAN information you identified in the OUTPUT Worksheet. Now consider where it will appropriately and effectively be used in decision making. Connect your selected OCAN OUTPUT to the list of meetings in Column 1 and the questions below:

What OUTPUT? (See OUTPUT Worksheet)	Reviewed how?	Reviewed how-frequently?
Self Assessment Completed?	*Conversation about client's response to Self-Assessment*	*During OCAN completion of each OCAN*
Self Assessments Completed	*Part of client by client review*	*When Client reviews are done*
Overall Self Assessments Completed	*Staff/Board Consumer representation - Part of Scorecard*	***Remind participants our goal is not to force' clients to do Self Assessment*

WHAT'S NEXT? – Remember that quality is a continuous process. Your reviews should lead to actions, actions will change your services, a new perspective on service may change the way you collect INPUT, etc. **Keep the momentum going!**

OUTPUT WORKSHEET EXAMPLE

CCIM Community Care Information Management

Section 5.   Next Steps

At this point you have may recorded ideas for the following things:

a) **Input**: approaches for improving the quality of OCAN information
b) **Output**: key pieces of information from OCAN that link to your quality goals
c) **Review:** how you plan to review the outputs and strategize based on what the outputs are telling you

The next step is to follow through with these ideas by putting a plan of action in place. Before you do this, it is helpful to take a step back and decide whether it's doable to act on all of your ideas or to prioritize, plan out the priority ideas and revisit the other ideas at a later date.

The OCAN quality planning template that follows is provided to support your OCAN quality implementation, though it can be used to plan any project or initiative. An approach to applying the template is also suggested below. Feel free to use whatever aspects of the template and process work best for you.

Start by clearly identifying the 'end' or your goal that you want to achieve.

Then, while keeping in mind where you are right now, work backwards and consider what are the 'tasks' that will get you there. Try to define your tasks as clearly as possible: The best task descriptions identify a concrete deliverable. If it achieves something less concrete, take a moment to think about how you will know when it's done.

Write each description in a separate row of the **Task** column. Note the **Deliverable** in the next column over.

For each task, answer the following questions and put your answers in the appropriate column:

- **Dependency**: Does completing the task depend or require the competition of a previous task (a different deliverable)? You can just record the task number on which it depends.
- **Responsible**: Who will take ownership for the task and/or for getting it completed?
- **Date**: What is the task deadline?

Finally, think about how often you should review progress on this task list. Consider who is best to lead the review. Will you review it as part of an existing meeting, or do you have to create a new one? You can use the status column to note how far along each of the task is at these review meetings. There's a place on the template to record all these considerations.

GOAL:

Describe the end (goal) you're trying to achieve?

_____

_____

_____

BY WHEN?

_____

#	Task Description What steps need to be taken in order to achieve your goal?	Deliverable How will you know when a task is done?)	Owner Who is responsible?	Dependency Task(s) # to be done first?	Completion Date Deadline?	Status (e.g. done, 50%, etc)
1						
2						
3						
4						
5						
6						
7						
8						
9						

TASK REVIEW:

In what meeting? _____

Who is responsible? _____

Quality Planning Template

Conclusion

For health service providers, the primary goal in using OCAN is to have high quality information to assist you in planning and delivering high quality services to consumers.

In the community mental health sector, there has been a need for quality information to demonstrate the usefulness of services, to identify areas for improvement and to quantify gaps in services. The information in OCAN can contribute to these objectives as long as HSPs have processes in place to ensure that:

- the information going into OCANs is of high quality (input),
- the most meaningful information is being generated (output) and
- regularly reviewed to inform decision-making (review).

The intent of this toolkit has been to provide a practical way of guiding your HSP to improve upon your existing quality processes in a way that is manageable, meaningful and fits well with your organization's culture.

This toolkit can help organizations use OCAN in their quality practices in a way that can assist them in meeting the standards set out in the *Excellent Care for All Act* (2010) [7] The goal of the legislation is to ensure that Ontarians receive health care of the highest possible quality and value.

The measure of success for this toolkit is having interested organizations "walk away" with a plan to implement one or several strategies around monitoring OCAN quality and using the information on a day-to-day basis to benefit consumers served

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[7] http://health.gov.on.ca/en/pro/programs/ecfa/legislation/act.aspx

Appendix

Mock-up Reports

Blank Quality Improvement Worksheets

- Input
- Output
- Review

Blank Quality Planning Template

Report #2a: NEED ANALYSIS - MOST RECENT CONSUMER SELF-ASSESSMENT

UNMET NEED

Organization: 999 Sample

Report Generated: 25 May, 2012

# of OCANs: 46

Domain	# of OCANs	% of all OCANs	% of all OCANs (chart)
Physical Health	11	24%	
Benefits	10	22%	
Money	9	20%	
Food	8	17%	
Company	6	13%	
Looking After the Home	6	13%	
Telephone	6	13%	
Psychological Distress	5	11%	
Child Care	4	9%	
Daytime Activities	4	9%	
Safety to Others	4	9%	
Intimate Relationships	3	7%	
Sexual Expression	3	7%	
Transport	3	7%	
Alcohol	2	4%	
Condition & Treatment	2	4%	
Other Dependants	2	4%	
Psychotic Symptoms	2	4%	
Safety to Self	2	4%	
Accommodation	1	2%	
Drugs	1	2%	
Other Addictions	1	2%	
Self-Care	1	2%	
Basic Education	0	0%	

For Information:
Call us at 1.866.909.5600
or email to: cmhcap@ccim.on.ca

Page 1 of 5

CCIM — Community Care Information Management — ACCESS TO INFORMATION

Mock Report shown in Output section 5 -- Areas of Need

Ontario Common Assessment of Need (OCAN)

Report #6A: CHANGE IN UNMET NEED AT MOST RECENT ASSESSMENT

CONSUMER SELF ASSESSMENT

Organization: 999 - Sample
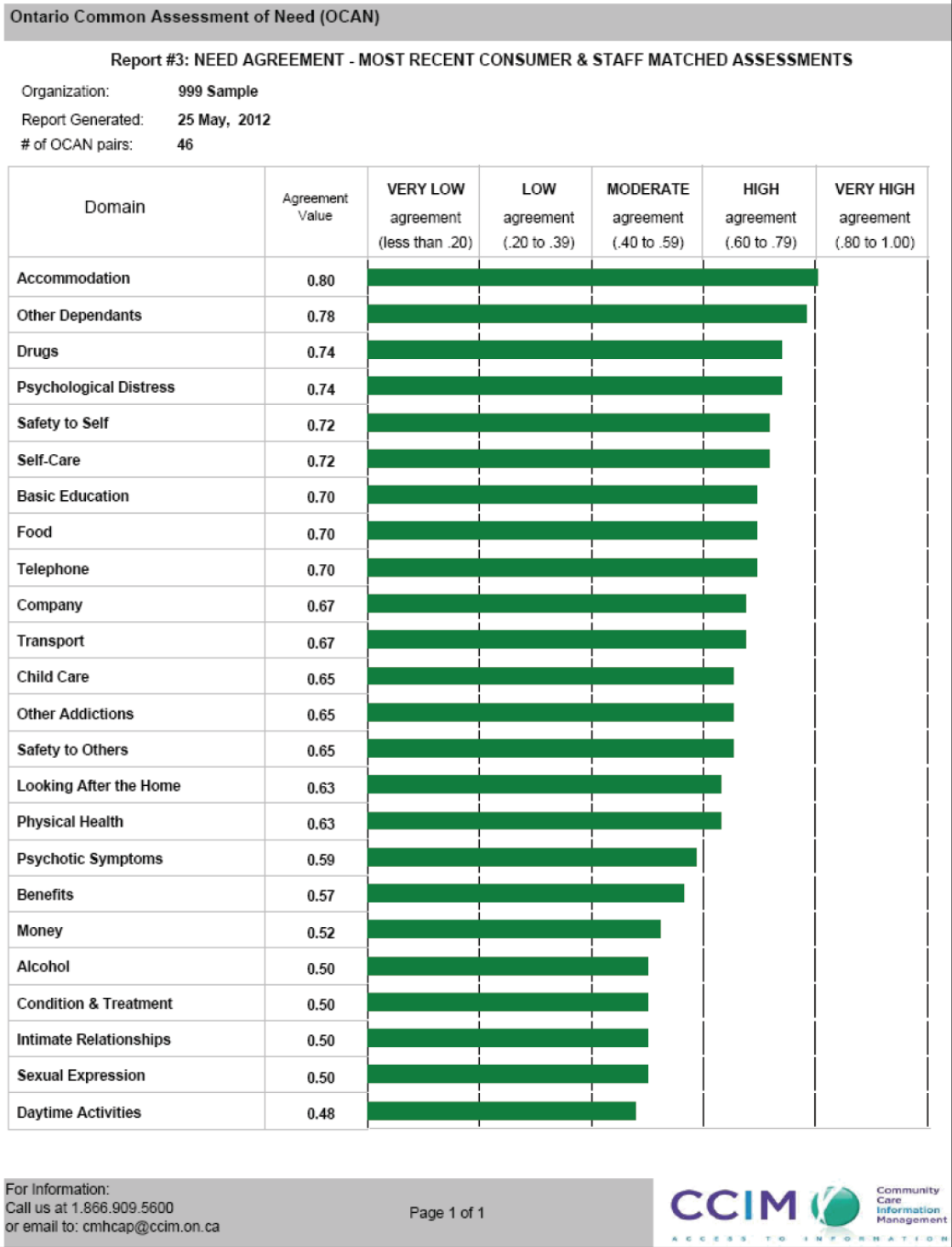
Report Generated: 25 August, 2012

\# of OCAN Consumer sets: 145
(Set is defined as two assessments of one consumer over time)

INITIAL ASSESSMENT		REASSESSMENT AFTER 6 MONTHS			
Domain Name	# of Initial UNMET NEED	# of Reassessed OCANs	Reassessment Rating Description	% of Reassessed OCANs	Graph for # of Reassessed OCANs
Accommodation	19	2	No Need	11%	2
		4	Met Need	21%	4
		4	Unmet Need	21%	4
		9	Unclear	47%	9
Food	27	5	No Need	19%	5
		6	Met Need	22%	6
		10	Unmet Need	37%	10
		6	Unclear	22%	6
Looking after the home	31	2	No Need	6%	2
		6	Met Need	19%	6
		12	Unmet Need	39%	12
		11	Unclear	35%	11
Self-Care	21	2	No Need	10%	2
		4	Met Need	19%	4
		9	Unmet Need	43%	9
		6	Unclear	29%	6
Daytime Activities	50	7	No Need	14%	7
		6	Met Need	12%	6
		22	Unmet Need	44%	22
		15	Unclear	30%	15

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Page 1 of 4

CCIM — Community Care Information Management — ACCESS TO INFORMATION

Mock Report shown in Output section 6 -- Change in Needs over Time

Ontario Common Assessment of Need (OCAN)

Report #3: NEED AGREEMENT - MOST RECENT CONSUMER & STAFF MATCHED ASSESSMENTS

Organization: 999 Sample
Report Generated: 25 May, 2012
# of OCAN pairs: 46

Domain	Agreement Value	VERY LOW agreement (less than .20)	LOW agreement (.20 to .39)	MODERATE agreement (.40 to .59)	HIGH agreement (.60 to .79)	VERY HIGH agreement (.80 to 1.00)
Accommodation	0.80					
Other Dependants	0.78					
Drugs	0.74					
Psychological Distress	0.74					
Safety to Self	0.72					
Self-Care	0.72					
Basic Education	0.70					
Food	0.70					
Telephone	0.70					
Company	0.67					
Transport	0.67					
Child Care	0.65					
Other Addictions	0.65					
Safety to Others	0.65					
Looking After the Home	0.63					
Physical Health	0.63					
Psychotic Symptoms	0.59					
Benefits	0.57					
Money	0.52					
Alcohol	0.50					
Condition & Treatment	0.50					
Intimate Relationships	0.50					
Sexual Expression	0.50					
Daytime Activities	0.48					

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Page 1 of 1

CCIM — Community Care Information Management
ACCESS TO INFORMATION

Mock Report shown in Output section 7 -- Level of Agreement – Consumers and Staff

INPUT

Building quality collection processes

REVIEW

OUTPUT

INPUT – Building quality information
collection processes: Making sure
information going into OCAN is consistent,
correct, and as complete as appropriate.

This worksheet will help you. Review how
well your current processes support accurate
collection of OCAN information & determine
if there are any changes you want to make.

How to use this worksheet:

❶ Start by outlining what's working today.

❷ After that, note the areas of OCAN that
are unnecessarily left blank or error-prone.
Think about your HSP's barriers and
challenges to better OCAN INPUT.

❸ Consider solutions and how these can be
done in your HSP.

REMEMBER – If you feel you're
currently managing OCAN INPUT
quality well, don't feel you need to
complete this worksheet. Move on to
OUTPUT and REVIEW ☑

1 What are you doing today that
enhances and maintains OCAN
INPUT quality?

2 Are there areas of the OCAN where
you consistently find errors? Are there
areas of OCAN that staff find difficult?

What challenges does your HSP face when
trying to improve OCAN INPUT? What are
the barriers staff experience?

Get inspired – review some of the examples from Section 3
See what other HSP's have done given similar challenges and values

3 What approach will you use to enhance
OCAN INPUT quality and address the
challenges/barriers you've identified?

Changes that take into account the
way your HSP gets things done will be
more likely to succeed. Consider ways
you'll align your approach to your HSP's
culture.

Make a plan! Compare what you're doing
now (Column 1) to what you want to do
(Column 3). Use the template in Appendix.

INPUT — Identifying OCAN information to guide service & quality

REVIEW
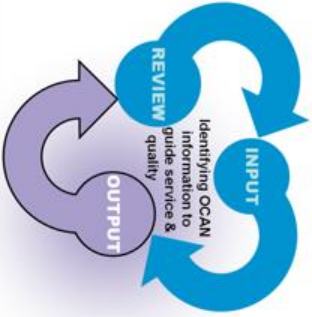
OUTPUT

OUTPUT – Identifying OCAN

information that will guide your service and quality goals: Ensuring 'indicators' in OCAN are linked to service delivery and planning.

This worksheet will help you: Decide what OCAN OUTPUT matters to you and why – Your OUTPUT answers will feed into the REVIEW Worksheet (see page xx).

How to use this worksheet:

❶ Start by identifying your organization's (or your Functional Centre's) service quality goals.

❷ Then look at the list of OCAN elements and reports (page xx). Decide which of these will guide your decision-making - in your day-to-day work and in your longer-term planning.

REMEMBER – if your organization is already using OCAN information as 'indicators' or guiding numbers, and you're satisfied move on to REVIEW ☑

---

1 What are your HSP's service and quality goals? What drives your organization or functional centre – what matters to your clients and/or to your stakeholders?

a)

b)

c)

d)

e)

Get inspired – review some of the examples from Section 4 Output
See what OCAN information other HSPs are using to guide their work and why.

2 Review the list of OCAN data elements and reports on Page xx – which do you think will guide decisions related to your service goals?

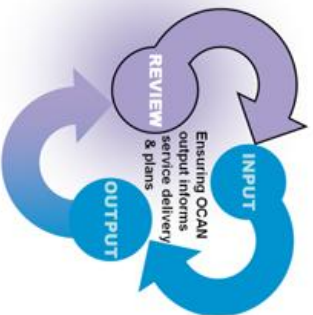Move on to the REVIEW worksheet to determine how your organization will make sure OCAN information is part of service delivery and planning

Ensuring OCAN output informs service delivery & plans

INPUT

REVIEW

OUTPUT

REVIEW: Ensure selected OCAN OUTPUTS are regularly reviewed to inform service delivery and planning.

This worksheet will help you: Determine what role played by your HSP's selected OCAN OUTPUTs (see Worksheet on page x) in existing review processes.

How to use this worksheet

❶ Start by identifying the current review processes in your organization.

❷ Then determine how (and how often) the OCAN information identified in the OUTPUT worksheet will be used to guide conversations and make service delivery decisions.

REMEMBER – if your organization already uses OCAN OUTPUT as a ☑ guide to facilitate productive conversation and evidence-guided decisions then you're done!

1 List the regular meetings or events that focus your HSP's service-related conversations, its decision-making and planning. E.g., One-on-one client meetings, supervision meetings, strategy retreats, etc.

a) _____
_____
_____

b) _____
_____
_____

c) _____
_____
_____

d) _____
_____
_____

Get inspired – see some of the REVIEW examples from Section 5 Review see what other HSPs have done given similar challenges and values

2 Think about the OCAN information you identified in the OUTPUT Worksheet. Now consider where it will appropriately and effectively be used in decision making. Connect your selected OCAN OUTPUT to the list of meetings in Column 1 and the questions below.

What OUTPUT? (See OUTPUT Worksheet)	Reviewed how?	Reviewed how-frequently?

WHAT'S NEXT? – Remember that quality is a continuous process. Your reviews should lead to actions, actions will change services, a new perspective on service may change the way you collect INPUT, etc. **Keep the momentum going!**

QUALITY PLANNING TEMPLATE

This planning template is provided to support your OCAN quality implementation (though it can be used on any project). An approach to applying the template is also suggested below. You should feel free to use whatever aspects of the template and process work best for you.

→ Start by clearly identifying the 'end' you want to achieve (your goal). Then, keeping in mind where you are right now, work backwards and consider what 'tasks' need to get done.

Try to define your tasks as clearly as possible: The best task descriptions identify a concrete deliverable. If it achieves something less concrete, take a moment to think about how you will know when it's done.

Write each description in a separate row of the TASK column below. Note the DELIVERABLE in the next column over.

For each task, answer the following questions (and put your answers in the appropriate column):

- DEPENDANCEY: Does completing the task require the competition of a previous task (a different deliverable)? You can just record the task number on which it depends.
- RESPONSIBLE: Who will take ownership for the task and/or for getting it completed?
- DATE: What is the task deadline?

Finally, think about how often you should review progress on this task list. Consider who is best to lead the review and if you'll do so as part of an existing meeting or if you have to create a new one. You can use the status column to note how far along each of the task is at these review meetings. There's a place on the template to record all of this too.

GOAL:

Describe the end (goal) you're trying to achieve?

_____

_____

_____

BY WHEN?

_____

#	Task Description What steps need to be taken in order to achieve your goal?	Deliverable How will you know when a task is done?)	Owner Who is responsible?	Dependency Task(s) # to be done first?	Completion Date Deadline?	Status (e.g. done, 50%, etc)
1						
2						
3						
4						
5						
6						
7						
8						
9						

TASK REVIEW:

In what meeting? _____

Who is responsible? _____

<u>Quality Planning Template</u>